DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Facility Information

Facility Name: PRIMROSE CORNER (0009112)

Address: 541 SOUTH LAKE STREET, PHILLIPS, WI 54555

License Status: REGULAR

Licensed/Certified/Registered 08/31/2000

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History	istory	His	urvev	
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Survey ID: 0095396 End Date: 08/02/2005 Type: STANDARD Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091291 End Date: 08/12/2003 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10005248 Served 10/18/2003

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	08/02/2005	Yes
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	08/02/2005	Yes
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	08/02/2005	Yes
88.11(3)	INVESTIGATION OF ABUSE OR NEGLECT	08/02/2005	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 10/16/2003

SOD #10005248

Appealed: No

Sanctions

OTHER SANCTION

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